

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90202 033 \*\*\*150.00

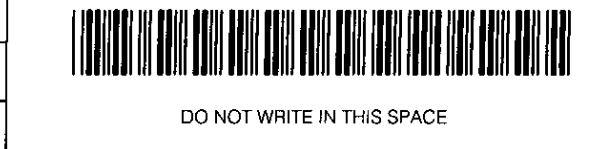
**DOCUMENT # P00000077200**

1. Entity Name  
**STREET SURFER, INC.**

Principal Place of Business <b>501 CAUSEWAY BLVD.          DUNEDIN FL 34698</b>	Mailing Address <b>501 CAUSEWAY BLVD.          DUNEDIN FL 34698</b>
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2. Principal Place of Business <b>501 Causeway Blvd</b>	3. Mailing Address <b>P.O. Box 1157</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Dunedin, FL</b>	City & State <b>Dunedin</b>
Zip <b>34698</b>	Country <b>USA</b>



4. FEI-Number \_\_\_\_\_ Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUDERS, DIANA  
 501 CAUSEWAY BLVD.  
 DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **X Diana Luders** (NOTE: Registered Agent signature required when reinstating)

DATE **4/28/2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>LUDERS, DIANA</b>	
STREET ADDRESS <b>501 CAUSEWAY BLVD.</b>	
CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Diana Luders** **Diana Lee Luders President** DATE **4/28/01** DAYTIME PHONE # **(727) 733-0435**

CR2E034 (10/00)